Vitte S. Walher Cought

RURAL DISTRICT OF GLENDALE.

ANNUAL REPORT FOR 1894.



THE GLENDALE RURAL DISTRICT COUNCIL.

ANNUAL REPORT FOR 1894.

The population of the district in 1891 was 10,156 and is not much different now. The number of births during the year was 222, an increase on the previous year of 12. The number of deaths from all causes was 125—being a decrease of 37 on the number in 1893, and of 45 on the number in 1892. The number of deaths per 1,000 of the population was 1132, considerably lower than the rate of 1893 which was 15.75. The death rate of 1893, though low as compared with death rates in other parts of the country, was high for the Glendale district, which for a long series of years has maintained an exceptionally low rate, rarely reaching to 15 per 1,000. The prevalence of influenza has been but small in the district during the past year, and this accounts in part for the fall in the death rate to 11.32. The district has also been remarkably free from fatal cases of infectious disease.

The number of deaths of children under one year was 15, being at the rate of 67.5 per 1,000 of registered births—also much lower than in the previous year. Between one and five the deaths were 3; between five and fifteen they were 7; between fifteen and twenty-five they were 15; between twenty-five and sixty-five they were 30; and those at sixty-five and upwards were 55. The last class includes many over eighty, and comprises not far short of half the total number of deaths.

Under five years of age whooping cough caused 1 death; acute bronchitis, pneumonia, and pleurisy 3; and other diseases 14. At five years of age and upwards, diarrhœa caused 1 death; phthisis 13; acute bronchitis, pneumonia, and pleurisy 7; heart disease 21; injuries 1; and other diseases 64. The total number under five years was 18; the total number at five years and upwards was 107. There were no deaths from smallpox, scarlet fever, diphtheria, membranous croup; note from typhus, typhoid, continued, relapsing, puerperal fever; none from cholera, erysipelas, measles, rheumatic fever, ague.

Compulsory notification of infectious disease has been in force since June, 1893, so that it is now possible to measure the prevalence in the district of the most serious kinds of infectious disease. It is satisfactory to note that there have been very few cases of notifiable disease, those of scarlet fever being the largest number, and yet only amounting to a total of 12. The notification of infectious disease, by giving early information, is of great importance in arresting the spread of these diseases, by making it possible to bring into use all available means of isolation and disinfection, at the time when such measures are of most value. Thus children from infected houses or small villages may be prevented from coming to school before the disease has been communicated to other children; and sanitary officers have an opportunity of enjoining measures of precaution on members of the infected house and on their neighbours.

There is no hospital in the district to which the first cases of infectious disease might be removed, nor is there a disinfecting apparatus, by which alone most articles of clothing, beds, mattresses, carpets, etc., can be thoroughly disinfected. It would be a great means of having disinfection carried out in the best practicable manner if the Council were in every case to send a competent workman to superintend and assist in the work, and, where necessary, to do the work himself.

The 12 cases of scarlet fever were at widely separated parts of the district—Wark, Shotton, Fowberry, Wooler, Chillingham, Chatton, Carham; the case of diphtheria was at Horton, that of typhoid at Fowberry, the two of erysipelas at Wooler. The case of typhoid seemed to arise from a faulty drain; the drinking water was submitted to analysis and found to be excellent. Most of the cases of scarlet fever were of a mild type, and free from complications; the case of diphtheria was a mild one, and the case of typhoid, though rather severe, was free from serious complications.

From time to time the Medical Officer of Health made systematic inspections in the district, besides those rendered necessary for special purposes.

In Wooler some improvements have been made. Some of the houses reported as unfit for habitation have been greatly improved, others are still occupied, but the Medical Officer is informed that they are to be closed and removed. One of them is in process of being converted into a public lodging house. Such a house is much wanted, as the only lodging house at present in Wooler is badly fitted and badly situated for the purpose.

The work of scavenging is of great benefit to the town, but there are still many ashpits which it is difficult or impossible to keep in good order. In many cases they are too large and too deep and most of them are not roofed, and slops also are frequently thrown into them, the result being that the contents are liquid. It would be very desirable to roof them in and ventilate them, making them smaller and shallower at the same time. In other cases it would be a great improvement to do away with them altogether, and substitute water closets and ash boxes. Improvements have been made in the drains, but there are still many imperfect and insufficiently trapped drains. The water supply is of excellent quality and abundant in quantity. The town has been healthy, and free from epidemics.

At Lowick the cleansing of ashpits, privies, etc., has been better attended to during the past year. Nothing has yet been accomplished in radical improvement of the drainage. The Authority employed an engineer to examine the place, but he has not yet sent his report. The water supply is at times scanty. There have not been many cases of infectious disease during the year.

Wark has been kept cleaner than it formerly was; there is room for improvement still, however. Many of the houses in the village are very inferior, with objectionable arrangements in their surroundings, and until these houses are removed or greatly improved, the village cannot be kept in such order as is desirable. Meanwhile many of the houses are occupied by old and frail people. The excellent water supply at Wark is one of the best things about the village, and tends to promote the good nealth which, on the whole, characterises it. There have not been many cases of infectious disease in Wark during the year.

Throughout the district improvements have been going or to a certain extent. At Akeld the cottages have been altered in such a manner as to convert them into excellent houses. The work is as yet only partly accomplished, but so far, the improvement is great. New cottages are being built at Lilburn Hill, and at Wooperton important alterations are being made. At Yearle

improvements have been made. There are, however, very many cottages in the district which have not sufficient accommodation and are otherwise inferior. They are not favourable to health or comfort. Some cottages at Branxton Hill were lately reported as unfit for habitation.

Speaking generally the district is well supplied with water though there are certainly many places which cannot be said to be so. To some places it is impossible to bring a supply of good water in near proximity without going to great expense; but for many other places a more convenient and purer supply might be obtained without great difficulty. The water supply at Newtown Mill has been under the consideration of Mr Bolam.

The cottages at many farms are still without privies. It is true that frequently privies are not used when they are provided, but this is less the case than it formerly was. The existence of a privy for each cottage has a tendency to induce the people to use them; and the want of privies, especially in the case of cottages of the larger farms, is often keenly felt and much complained of by the women and the old and infirm members of the household.

Many nuisances exist in the district, and some of them might be removed without much difficulty. At Whitehall shepherd's house, for instance, there is a state of matters which has frequently been reported. The byre is contiguous to the dwelling house and stands at a higher level; the sewage which is discharged from the byre stands in a pool against the wall of the dwelling house, which is consequently ill-smelling and damp The ashpits, privies, and pigstyes of the farm cottages in the district, are, in many instances, not emptied often enough, and the drains connected with them blocked up. As to those drains it is often very difficult to keep them in order, and where there is no very abundant water supply nor a good fall, open cemented gutters which can be seen, and can be regularly and frequently swept, are preferable.

Reports have been made from time to time regarding places in the district which required attention, and the Medical Officer of Health has frequently availed himself of opportunities of suggesting improvements to owners and occupiers,

The Inspector of Nuisances has regularly made the Medical Officer of Health acquainted with his proceedings, and has made visits and inspections at his request, and has also kept him informed as to matters coming under his notice which required attention. In the Autumn, the Medical Officer of Health had the pleasure of receiving a visit from the County Medical Officer of Health, and spending a few hours in his company.

ROBERT WALKER,

Medical Officer of Health.

	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.						Morfality from subjoined causes, distinguishing Deaths of Children uyber Five Years of Age.																							
Names of Localities adopted for the purpose of these statistics: public institutions being shewn as separate localities. (See note 4 on back of sheet)	At all ages.	Under 1 year.	umu	5 and under 15	15 and under 25		65 and up- wards		Smallpox.	Scarlatina.	Diphtheria	Membranous Croup.	Typhus.	Enteric or Typhoid.	Con- tinned.	Re- lapsing.	Puer- peral.	Cholera.	Erysipelas	Measles.	Whooping' Cough.	Diarrhea and Dysentery.	Rheumatic Fever.	Influenza.	Phthisis.	Pronchitts, Pneumonia, and Pleurisy,	Heart Disease.	Injuries.	All other Diseases.	TOTAL.
(4)	(4) 	(c)	(d)	1 (c)	1 (f)	(1)	(h)	(1)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	41	22
Wooler	66	6	2	2	8	17	31	Under 5 5 upwds.							•••						1				4	 3	 15	 1	7 35	8 58
Ford	53	9	1	5	7	11		Under 5 5 upwds.														 1				3 4	5		7 25	10 43
Union Workhouse	6					2		Under 5 5 upwds.											:			:::			ï		 1		4	
Totals	125	15	3	7	15	30	55	Under 5 5 upwds.													1	ï			13	3. 7	21	 1	14 64	18 107

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health during the Year 1894, in the RURAL DISTRICT OF GLENDALE; (B) classified according to Diseases, Ages, and Localities.

Names or Localities adopted for the purpose of these Statisties; Public Institutions being shown as separate localities.		ION AT ALL GES.	Begistered Births.	Aged	New Cases of Signness in each Locality, coming to the Knowledge of the Medical Officer of Health.												
	Census, 1891.	Estimated to middle of 1894.		nnder 5 or over 5.	I Smaltpox.	N Scarlatina.	∽ Diptheria.	A Membranous Croup.	or Typhus	Enteric 9 or Typhoid	Con- tinucd.	∞ _{lapsing.}	ω Puer- peral.	0 Cholera.	LLrysipelas.	CInfluenza.	S Diarrhœa.
Wooler	5100	5100	120	Under 5 5 npwds.		3 4	i			1					2		
Ford	5033	5033		Under 5 5 upwds.		2 3											
Union Workhouse	23	22		Under 5 5 upwds.													
Totals	10156	10155		Under 5 5 upwds.		5 7	 1			J.					2		

AREA AND POPULATION OF THE DISTRICT.

Area in Acres, 147,698.

Population (1891), 10,156.

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